

Iowa Department of Human Services

Terry E. Branstad Governor Kim Reynolds Lt. Governor Charles M. Palmer Director

May 6, 2015

Rebecca Huisman 4015 13th Street Des Moines, IA 50313

Dear Child Care Provider,

This letter is in regards to the April 23, 2015 compliance check of your Level C-1, Registered Child Development Home. Iowa Code Chapter 237A and 441 Iowa Administrative Code, Chapter 110, describes specific requirements that must be met by a Registered Child Development Home. The following areas were out of compliance at the time of my visit:	
\square 110.5(1)m Has not less than one 2A 10BC rated fire extinguisher in a visible and readily acceplace on each child-occupied floor.	essible
The pressure in your extinguisher is low. Please replace or get refilled. You can refill at the f Department, however, I believe it costs money for them to check it and an additional fee to f so it may be more practical to get a new one.	
110.5(2) A provider file is maintained and contains:	
110.5(2)a A physician's signed statement of health and immunization status on the provide all members of the household who may be present when children are in the home. Statemen must be obtained at the time of initial registration and updated every two years.	r and ts
You reported that you have an appointment for your physical in May 2015. Please use the n forms provided on pages 24 and 25 of the packet provided to you at the time of the spot che	
110.5(2)b Certificates or training verification documentation for:	
110.5(2)b Within the first three months of registration:	
110.5(2)b Certification by an approved trainer/organization in infant and child first-aid that includes mouth-to-mouth resuscitation. Certification will be maintained throughout period or registration. If they are unable to locate first aid training that includes mouth-to-mouth	: f

Your CPR certification expired on March 2015. You informed me you are in the process of trying to

schedule something. Please note any request for registration renewal will be denied until a

resuscitation, they must complete both a first aid course and CPR.

current CPR certification can be verified.

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110.5(8) Children's Files
$\boxed{\ }$ 110.5(8) An individual file is maintained for each child and updated annually or when there are changes. Each file contains:
\square 110.5(8)e For infants and preschoolers: A statement of health signed by a physician submitted annually.
Please request from parents for children EW and SL.
110.5(8)e For school aged children: An annual statement of health condition signed by the parent or legal guardian, annually from date of admission physical.
ZL is missing this document. You reported he is scheduled for an appointment in May.
110.5(8)h For each school-age child, record of a physical exam completed at the time of school enrollment or since.
Please request from parent for child ZL.
Non-compliance with any of the mandated regulatory requirements listed above may lead to the cancellation or revocation of your Child Development Home Registration. Please take whatever steps are necessary to completely address each of the violations noted above. It is essential you correct all above-mentioned violations within the next 45 days.
Based on the items out of compliance listed above, you will be required to have a recheck or follow up visit to your home. This visit will occur after the 45 day time period has elapsed.
x Based on the items out of compliance listed above, a recheck or follow up visit to your home is NOT necessary. However, it is essential you provide documentation to the Department that certifies you have corrected each of the identified regulatory violations and are now in complete compliance with all Departmental regulatory mandates. Please check mark each of the boxes listed above when the necessary corrections have been completed. By doing so, you certify that you have completed all of the mandated regulatory requirements contained within each identified section.
I certify that I have taken all of the steps necessary to correct each of the identified violations noted above and am now in complete compliance with all of the Departmental mandated regulatory rules.
Please sign and date below, and return this form in the provided envelope by: June 23, 2015.
X

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Signature

Date

Please do not hesitate to contact me at DHS at 515-993-1742 or mcrawfo@dhs.state.ia.us if you have any questions regarding this letter.

Sincerely,

*Melissa Crawford*Melissa Crawford
Social Worker II

C. Mark Chappelle Social Work Supervisor

Always Remember:

Child Care Resource and Referral is an excellent resource for providers to access training options and support in your area. You can reach Child Care Resource and Referral at 1-800-722-7619.

As you plan your future trainings to meet your 24 hours of training requirement, please remember that you need to use only DHS approved training and only 12 hours can be by self-study. You can access the approved training by going to http://www.dhs.state.ia.us/Consumers/Child_Care/Professional_Development.html and you can sign up for training at https://ccmis.dhs.state.ia.us/trainingregistry/

All providers need to maintain compliance with rules set out in Iowa Administrative Code, Chapter 110, which includes: 441 IAC 110.5(1): Check with the appropriate authorities to determine how the following local, state, or federal laws apply to you: • Zoning code • Building code • Fire code • Business license • State and federal income tax • Unemployment insurance • Worker's Compensation • Minimum wage and hour requirements • OSHA • Americans with Disabilities Act (ADA).